



Motor Vehicle Division

40-5124 R10/14

azdot.gov

COMMERCIAL DRIVER LICENSE APPLICATION

Type: ☐ Class A ☐ Class B ☐ Class C ☐ Class D ☐ Class M ☐ Instruction Permit ☐ Nonresident

You are required by A.R.S. §§ 28-3158(D)(5) and §§ 28-3165(F), under authority of 42 U.S.C. §§ 405(c)(2)(C) and § 666 (a)(13)(A), to provide your Social Security Number. It will be used to verify your identity and to comply with federal and state child support enforcement laws. It will not be used as your driver license or identification card number.

Must show a valid Social Security card at time of application.

Social Security Number		Applicant Name (first, middle, last, suffix)			
<div></div>		<div></div>			
Residence Street Address		(Unit # / Apt #)	City	State	Zip
Mailing Address (if different from above; PO Box must be in county you reside) (Unit # / Apt #)		City	State	Zip	
<input type="checkbox"/> Street <input type="checkbox"/> Mailing Which address do you want to appear on your license?					
Sex	Weight	Height	Eye Color	Hair	Date of Birth
<input type="checkbox"/> Male <input type="checkbox"/> Female					
Current Driver License Number	Name on Current Driver License or ID (if different from above)		State/Country of Domicile		
			<input type="checkbox"/> Out of State Student		
Class	State		Issue Date	Expiration Date	
<input type="checkbox"/> Operator <input type="checkbox"/> Motorcycle <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Identification Card					
States Where You Held Any Type of Driver License in the Last 10 Years (CFR 49 Section 384.206)			Alien Registration # (HazMat applicants only)		

☐ Yes ☐ No Has your driving privilege **ever** been suspended, disqualified, canceled, denied or revoked?

If Yes:	States	Dates	Reasons

☐ Yes ☐ No Is your driving privilege **now** suspended, disqualified, canceled, denied or revoked?☐ Yes ☐ No Do you have a license from more than one state or jurisdiction?☐ My vehicle is registered in another state (indicate which state):

State

☐ I am active duty military or family member.☐ I want to show a medical alert condition on my license (must submit physician or registered nurse practitioner statement).☐ I also want this alert maintained on my permanent computer record. (If not checked, when you reapply or request a duplicate, the alert will not appear on your license unless you resubmit a physician or registered nurse practitioner statement.)☐ I consent to the release of personal information contained in my driver license and vehicle record. I understand that this is **not** a one-time consent that applies only to a specific individual or organization, but is instead a general consent that applies to all requests from any and all individuals or organizations for any purpose, until revoked by me in writing. Consent for a vehicle record applies to all owners.☐ Yes ☐ No Do you have a physical, psychological or visual condition (other than wearing glasses or contact lenses), or alcohol/drug dependency or are you taking any medications that could affect your ability to safely operate a motor vehicle?

Please Explain

☐ Yes ☐ No Have you ever been determined to be incapacitated by a court? (driver license applicants only)☐ Yes ☐ No Are you a United States citizen who wishes to register to vote or update your existing voter registration?

Party Preference

☐ I want to be placed on the permanent early voting list and receive an early ballot by mail for each election I am eligible.☐ DONOR♥ I check this box to become an organ/tissue donor and join the DonateLifeAZ Registry. DONOR♥ will print on my license.☐ I am a U.S. Military veteran and would like the word "VETERAN" printed on my license/ID (Documentation Required).☐ Non-excepted **Interstate**: I certify that I operate, or expect to operate, in interstate commerce and that I meet the qualifications under 49 CFR 391. I understand that I am required to obtain a medical examiner's certificate according to 49 CFR 391.45.☐ Non-excepted **Intrastate**: I certify that I operate in intrastate commerce and therefore am subject to Arizona driver qualifications. I understand that I am required to obtain a medical examiner's certificate according to 49 CFR 391.45.

I certify that the information above is true and correct. I understand that I must report a change of address or name to MVD within 10 days. I understand the laws, rules and regulations described in the Arizona Commercial Driver License Manual, and that I must report to MVD in writing, within 10 days, any medical condition that develops or worsens that may affect my ability to safely operate a motor vehicle.

Male Applicants Under 26: By submitting this application, I consent to registration with the Selective Service System if I am required to register under federal law.

Voter Registration: I certify that I am not a convicted felon or my civil rights have been restored, and that I have not been adjudicated incompetent. I certify that I am a United States citizen. Submitting a false voter registration is a Class 6 felony. Your decision to register to vote or not, and where you submitted your application, will remain confidential.

Applicant Signature			
Acknowledged before me this date.		Notary or MVD Agent Signature	
Date	County	State	Commission Expires

MVD USE

Medical Observations						Medical Certificate Expires	MVD Agent
Birth Certificate State/Control #		Tribal CIB #		Citizenship/Immigration Type/Form #		Social Security #	BRC Date
State	Driver License/ID Card #	Issue Date	Exp. Date	Credit Card		Issuing Institution	Exp. Date
Additional Documents						MVD Agent	

Visual Acuity**Visual Field**

Right 20/ <input type="checkbox"/> Blind	Left 20/ <input type="checkbox"/> Blind	Both 20/	Right °	Nasal-Right °	Left °	Nasal-Left °	<input type="checkbox"/> Corrective Lens	MVD Agent
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Rules of the Road**Other**

1st	Date	Series	Grade	MVD Agent	Date	Series	Air Brk	Comb	H	M	N	P	S	T	MVD Agent
2nd	Date	Series	Grade	MVD Agent	Date	Series	Air Brk	Comb	H	M	N	P	S	T	MVD Agent
3rd	Date	Series	Grade	MVD Agent	Date	Series	Air Brk	Comb	H	M	N	P	S	T	MVD Agent

General Knowledge**Road/Skills Test**

1st	Date	Series	Grade	MVD Agent	Date	VIT	BCST	RT	MVD Agent
2nd	Date	Series	Grade	MVD Agent	Date	VIT	BCST	RT	MVD Agent
3rd	Date	Series	Grade	MVD Agent	Date	VIT	BCST	RT	MVD Agent

Automatic Failure Codes

A—No seat belt use	Office	Examiner Userid
B—Moving violation, or disobeyed signs or signals	Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> IP	
C—Did not yield to pedestrians, other road users, etc.	Type <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> E <input type="checkbox"/> D <input type="checkbox"/> W	
D—Drove vehicle over sidewalks or curbs (unnecessarily)	Endorsement <input type="checkbox"/> H <input type="checkbox"/> X <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> M	
E—Immediate rejection for using unsafe vehicle	Fees	Transaction #
F—Avoidable crash or incident	Comments	
G—Driver forced examiner to take physical action or control of vehicle		
H—Failure to stop at RR crossing when required, or blocking tracks		
I—Shifting gears while crossing RR tracks		
J—Other (see Comments)		
K—Air/hydraulic brake test failure		

Validation